



Bank Use	
Port #:	_____
Account #:	_____
Responsibility:	_____
Opened By:	_____
Referred By:	_____

BUSINESS ACCOUNT APPLICATION

I am interested in the following accounts:

- | | | |
|--|---|---|
| <input type="checkbox"/> Free Business Checking | <input type="checkbox"/> Business Savings | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Small Business Checking | <input type="checkbox"/> Business Money Market | <input type="checkbox"/> ATM Card |
| <input type="checkbox"/> Non-Profit Checking | <input type="checkbox"/> CD: Term _____ | <input type="checkbox"/> Internet Banking |
| <input type="checkbox"/> Premier Business Checking | <input type="checkbox"/> IOLTA | <input type="checkbox"/> Online Bill Pay (BizPay) |
| <input type="checkbox"/> Premier Commercial Checking | <input type="checkbox"/> Merchant Card Services | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> Cash Management | <input type="checkbox"/> Estate | |

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, beginning October 1, 2003, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for information that will allow us to identify you and your business. We may also ask to see your driver's license or other identifying documents.

BUSINESS APPLICANT			
Full Legal Business Name:		Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (please specify): _____	
Government Issued Tax ID Number :		Type: <input type="checkbox"/> EIN <input type="checkbox"/> SSN <input type="checkbox"/> Other (specify): _____	
Street Address: (Your PO Box may be used for the mailing address, however, we require a physical street address also):		Mailing Address: (if different)	
City/State/Zip Code		City/State/Zip Code	
Business Phone:	Business Fax:	Cell Phone:	Business Email Address:

OFFICER WITH SIGNING AUTHORITY (1)			
Full Legal Name:		Date of Birth:	
Government Issued Tax ID Number:		Type: <input type="checkbox"/> SSN <input type="checkbox"/> Other (identify): _____	
Home Street Address: (Your PO Box may be used for the mailing address, however, we require a physical street address also):		Home Mailing Address: (if different)	
City/State/Zip Code:		City/State/Zip Code:	
Previous Address (if less than 5 years):		City/State/Zip Code:	
Driver's License Number:	State Issued:	Issue Date:	Expiration Date:
Home Phone:	Cell Phone:	Work Phone:	Fax:
Personal Email Address:		Work Email Address:	
Officer Title:		Mother's Maiden Name:	



BUSINESS ACCOUNT APPLICATION

OFFICER WITH SIGNING AUTHORITY (2)			
Full Legal Name:		Date of Birth:	
Government Issued Tax ID Number:		Type: <input type="checkbox"/> SSN <input type="checkbox"/> Other (identify):	
Home Street Address: (Your PO Box may be used for the mailing address, however, we require a physical street address also):		Home Mailing Address: (if different)	
City/State/Zip Code:		City/State/Zip Code:	
Previous Address (if less than 5 years):		City/State/Zip Code:	
Driver's License Number:	State Issued:	Issue Date:	Expiration Date:
Home Phone:	Cell Phone:	Work Phone:	Fax:
Personal Email Address:		Work Email Address:	
Officer Title:		Mother's Maiden Name:	

OFFICER WITH SIGNING AUTHORITY (3)			
Full Legal Name:		Date of Birth:	
Government Issued Tax ID Number:		Type: <input type="checkbox"/> SSN <input type="checkbox"/> Other (identify):	
Home Street Address: (Your PO Box may be used for the mailing address, however, we require a physical street address also):		Home Mailing Address: (if different)	
City/State/Zip Code:		City/State/Zip Code:	
Previous Address (if less than 5 years):		City/State/Zip Code:	
Driver's License Number:	State Issued:	Issue Date:	Expiration Date:
Home Phone:	Cell Phone:	Work Phone:	Fax:
Personal Email Address:		Work Email Address:	
Officer Title:		Mother's Maiden Name:	

OFFICER WITH SIGNING AUTHORITY (4)			
Full Legal Name:		Date of Birth:	
Government Issued Tax ID Number:		Type: <input type="checkbox"/> SSN <input type="checkbox"/> Other (identify):	
Home Street Address: (Your PO Box may be used for the mailing address, however, we require a physical street address also):		Home Mailing Address: (if different)	
City/State/Zip Code:		City/State/Zip Code:	
Previous Address (if less than 5 years):		City/State/Zip Code:	
Driver's License Number:	State Issued:	Issue Date:	Expiration Date:
Home Phone:	Cell Phone:	Work Phone:	Fax:
Personal Email Address:		Work Email Address:	
Officer Title:		Mother's Maiden Name:	



BUSINESS ACCOUNT APPLICATION

BUSINESS ACTIVITY	
Which of the following best describes your business? Please select all that apply.	
<p>Check Cashing: Does your business engage in check cashing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, does your business limit cash given to one person to \$1000 or less per day? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your business been registered with the state of NC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Currency Exchanger: Does your business engage in exchanging currency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cashier's/Official Checks: Does your business purchase cashier's/official checks on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often? _____ If yes, in what amounts? _____</p>	<p>Wire Transfers: Does your business frequently engage in domestic wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your business frequently engage in foreign wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the countries: _____ _____</p> <p>Does your business offer wire transfer services of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does your business operate only as an agent for a wire transfer service? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your business offer wire services under its own name? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your business send wires in your name rather than the requestor's name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>ACH Transactions: Does your business originate ACH transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Internet Gambling: Does your business engage in an internet gambling business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Monetary Instruments: Does your business sell pre-paid cards for another Money Service Business? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your business issue traveler's checks or money orders? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your business redeem traveler's checks or money orders? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
REFERRAL INFORMATION	
<p>How did you hear about Premier Commercial Bank? <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend or Business Associate <input type="checkbox"/> Other (please specify): _____</p> <p>Referred by: _____</p>	<p>Would you like eStatements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Mother's Maiden Name: _____</p> <p>Email address: _____</p>
<p>The applicant(s) acknowledges that all information will be verified and consumer credit agencies may be utilized to evaluate this application. Each applicant opening an account agrees to be governed by all policies and regulations of Premier Commercial Bank.</p>	
Signature: _____	Date: _____
Signature: _____	Date: _____
BANK USE	
<p>Rate Exception (describe): _____ _____</p>	
<p>Comments: _____ _____ _____</p>	